

BREATH ALCOHOL INSTRUMENT CHAIN OF CUSTODY WORKSHEET

Instrument: Infox 8000 Serial Number: 80-003066

Transported Out of the Crime Laboratory:

Agency Being Assigned Instrument: CMI

Name/Agency of Person Transporting Instrument:

(Print Name) _____ (Print Agency)

Signature of Person Receiving Instrument: _____

Date Receiving Instrument: ____/____/____ From: _____

Or Shipped Via:
USPS ____ UPS ____ FedEx X Other _____

Date Sending Instrument: 28 June, 2010 Air Bill No. 8697 8802 6344

Complete Air Bill (Identify Instrument/Serial Number) and attach a copy to this worksheet.

Transported to the Crime Laboratory:

Agency Returning Instrument: _____

Name/Agency of Person Returning Instrument:

(Print Name) _____ (Print Agency)

Signature of Person Returning Instrument: _____

Date Returning Instrument: ____/____/____ Received By: _____

Or Received Via:
USPS ____ UPS ____ FedEx ____ Other _____

Date Receiving Instrument: ____/____/____ Air Bill No. _____

Attach shipping paperwork (if any) to this worksheet.

Instrument Transfer Information Entered Into the Equipment Database:

Date of Action 28 June 2010 By: Deb Kashur



Return Material Authorization Form

Complete all numbered sections of this form where applicable and include with item being returned.
A restocking fee may be applied for returned merchandise.

1. Please contact CMI, Inc. for a Return Material Authorization number. RMA# _____

2. Item(s) Returned: Instrument Supplies Other

3. Instrument Model: 8000 Serial Number 80-003066

4. Bill To Address: Under warranty Ship To Address: Crime Lab Division
2641 E Main Ave
Bismarck, ND 58501

5. Reason for Return: Note - If you are sending an item for repair, please give a detailed description of the problem. Please list any special instructions that you may have concerning this return.

Diagnostic fails - *voltage/current test fails.
see attached copies of test records.

6. Purchase Order Number (attach a copy of P.O. if applicable) _____

Please Choose One of the following Options: 7a, 7b or 7c

7a. I Authorize All Repairs: Yes No

7b. I Authorize Repairs Up To: \$ under ~~cost~~ warranty

7c. I Require An Estimate Regardless of Cost Yes No

Please contact: Name _____
Phone: (____) _____ Fax: (____) _____ email: _____

Note: An evaluation fee will apply to estimates that are not repaired.

8. Authorized By:
Deb Kashur
Name (Please Print)

Deb Kashur 28 June 2010
Signature Date

80-003066
P.994100



FedEx Tracking Number 8697 8802 6344

Form 10 No. 0215 Sender's Copy

1 From Please print and press hard
Date 6-28-10 Sender's FedEx Account Number 2748-4432-1
Sender's Name Margy Pearson 6159 Phone (701) 328-3000
Company OFFICE OF ATTY GEN CRIME LAB
Address 2441 E MAIN AVE
City RISMARCK State ND ZIP 58501-5044

2 Your Internal Billing Reference Intoxilyzer 80-003066

3 To Recipient's Name
Company CMT, Inc.
Recipient's Address 316 East Ninth Street
City Owensboro State KY ZIP 42303
0404348458

4a Express Package Service
FedEx Priority Overnight
FedEx Standard Overnight
FedEx First Overnight
FedEx 2Day
FedEx Express Saver

4b Express Freight Service
FedEx 1Day Freight
FedEx 2Day Freight
FedEx 3Day Freight

5 Packaging
FedEx Envelope
FedEx Pak
FedEx Box
FedEx Tube
Other

6 Special Handling
SATURDAY Delivery
HOLD Weekday at FedEx Location
HOLD Saturday at FedEx Location
Does this shipment contain dangerous goods?
No
Yes
Dry Ice
Cargo Aircraft Only

7 Payment Bill to:
Sender
Recipient
Third Party
Credit Card
Cash/Check
FedEx Acc. No. 128079580
Exp. Date
Total Packages 1
Total Weight 31
Total Declared Value \$8000.00

8 Residential Delivery Signature Options
No Signature Required
Direct Signature
Indirect Signature

Schedule a pickup at fedex.com
Simplify your shipping. Manage your account. Access all the tools you need.

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